

HCM/RCM screening within health programme
Participating clubs: see http://www.pawpeds.com/healthprogrammes/hcmclubs.html
Visit http://www.pawpeds.com/healthprogrammes/ for more information

| Patient Information  | Owner's name   |
|--|--|
| Cat's registered name  | Address  |
| Registration number  | Post code/City/State   |
| ID combac microstria cotation                                      | O  |
| ID number, microchip or tattoo                                     | Country  |
| Breed of cat   | Phone (including country code)   |
| Male Not altered   | Email  |
| Female Altered  Born (year-month-day)                              | I have read PawPeds' instructions for HCM screening and are aware that I must  |
| Sire   | inform the examiner about my cats health status and if it is on medication. I am aware that the results will be retained for the records of PawPeds. I authorize |
| Sile   | PawPeds to publicly release all results from this form.  Signature  Date   |
| Dam  | 1  |
| Examination  | Examination date (year-month-day)  |
| Sedated  | Examination equipment  |
| Yes, with:   |  |
| On medication  Yes, with:  |  |
| Dehydrated Pregnant Timing: Syst                                   | I IV <u>V</u> VI ☐ Dynamic ☐ Static  |
| Assessment (based on phenotype)                                    | Comments   |
| Normal   | Veterinarian's name, clinic's name and address   |
| For registration of the result, the veterinarian shall send a con- | y of this form to:   |

For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden